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CONFIRMATION NO. 1508

SERIAL NUMBER 10/775,497	FILING DATE 02/09/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 009103-009642
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/876,004 06/06/2001 PAT 6,721,584 ✓
 which is a CON of 09/435,144 11/05/1999 ABN
 which is a CON of 09/137,479 08/20/1998 PAT 6,083,172
 which is a CON of 08/660,510 06/07/1996 PAT 5,853,364
 which claims benefit of 60/000,195 06/14/1995

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS
 20350
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 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO , CA
 94111-3834

TITLE
 Pulse oximeter sensor off detector

<input type="checkbox"/> All Fees

<p>FILING FEE</p> <p>RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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